

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

JUN 17 1964

Primary Registration District No. 5667

Registrar's No. 79

0023745

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

10570

20570

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Lincoln</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Lincoln</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Bedford</b>		c. CITY OR TOWN <b>Truxton, Mo.</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Thallman Rest Home</b>		d. STREET ADDRESS (If outside, give location)	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>Charles Hutt Wombles</b>		4. DATE OF DEATH Month <b>June</b> Day <b>18</b> Year <b>1964</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>11/18/1873</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Teacher and Banker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>School and Banks</b>	11. BIRTHPLACE (City and state or country) <b>Davis, Mo.</b>
13a. FATHER'S NAME <b>Henry Wombles</b>		13b. MOTHER'S MAIDEN NAME <b>Katherine Trail</b>	14. NAME OF HUSBAND OR WIFE <b>Mamie Wombles</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>3</b>	17. INFORMANT <b>wife</b> Address <b>Truxton, Mo.</b>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Cerebral Vascular Accident</b> DUE TO (b) <b>Senility</b> DUE TO (c) <b>7</b>		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>a.m.</b> Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Truxton, Mo.</b>	
21. I attended the deceased from <b>June - 1963</b> to <b>June 4</b> and last saw him alive on <b>June 7/64</b> Death occurred at <b>Truxton, Mo.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <b>C. Carch</b> (Degree or title)	
22b. ADDRESS <b>Truxton, Mo.</b>		22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>6/7/64</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Old Alexandria Ceme.</b>	23d. LOCATION (City, town, or county) (State) <b>Lincoln, co., MO.</b>
24. FUNERAL DIRECTOR <b>Kemper Marsh Fun'l Home, Troy, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>6-17-1964</b>	26. REGISTRAR'S SIGNATURE <b>Charlotte Leek</b>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

JUL 1 1964

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Ralph J. Marsh, Jr.*

Licensed Embalmer No. 5105

P. O. Address

*Troy, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.